

PATENT APPLICATION FEE DETERMINATION RECORD
Effective November 10, 1998

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	20	minus 20 = * 0
INDEPENDENT CLAIMS	10	minus 3 = * 7
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
	380.00		760.00
X\$ 9=		X\$18=	
X39=		X78=	546
+130=		+260=	
TOTAL		TOTAL	1306

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY

OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE/
X\$ 9=		X\$18=	
X39=		X78=	546.00
+130=		+260=	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	1306.00

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDITIONAL FEE	

OR TOTAL ADDIT. FEE

RATE	ADDITIONAL FEE
X\$18=	
X78=	546.00
+260=	
TOTAL ADDITIONAL FEE	1306.00

OR TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 20	Minus	** 20	= 0
Independent	* 10	Minus	*** 3	= 7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDITIONAL FEE	

OR TOTAL ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDITIONAL FEE	

OR TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10-22-03 2 Serial/Patent # 08/429,1047

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	<u>12</u>	<u>10/16/03</u>	<u>\$ 770.00</u>
<input type="checkbox"/> Amendment			<u>\$</u>
<input type="checkbox"/> Extension of Time			<u>\$</u>
<input type="checkbox"/> Notice of Appeal/Appeal			<u>\$</u>
<input type="checkbox"/> Petition			<u>\$</u>
<input type="checkbox"/> Issue			<u>\$</u>
<input type="checkbox"/> Cert of Correction/Terminal Disc.			<u>\$</u>
<input type="checkbox"/> Maintenance			<u>\$</u>
<input type="checkbox"/> Assignment			<u>\$</u>
<input type="checkbox"/> Other			<u>\$</u>

10 REASON:	7 TOTAL AMOUNT OF REFUND	
	<u>\$ 770.00</u>	
	8 TO BE REFUNDED BY:	
<input type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:	<u>02-2666</u>
<input type="checkbox"/> No Fee Due (Explanation):		

11 REFUND REQUESTED BY:		
TYPED/PRINTED NAME:	<u>Ken Laymon</u>	TITLE: <u>Pct. Exam.</u>
SIGNATURE:	<u>Ken Laymon</u>	PHONE: _____
OFFICE:	***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED:	<u>HL</u>	DATE: <u>10/22/03</u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: